tD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK-THIS IS A PERMANENT RE IARGIN RESERVED FOR BINDING B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	8668
1. PLACE OF DEATH	93-2	/
County Cassoll	Registration Dist. No.	, ,
Village or City Westminister	No. M. Main St.,	Ward
Length of residence in city or town where death occurred 29 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Cora Bess any	bragest U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Timale Mille Married	21. DATE OF DEATH Cluguest (Month) (Oay)	193.7
5a. If matried, widowed, or divoted HUSBAND of (or) WIFE of Thomas Amprages	22. GUEREBY CERTIFY, That I attended d	eceased from, 193.7.
6. DATE OF BIRTH (month, day, and year) 34. 121 1885	Hast saw h was alive on Cuf 2 ff 107	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.15.m.	
52 6 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
8. Trade, profession, or perticular	acute cardiac	any 28
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Delatation	1937
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
11. Total time (years) this occupation (month end year)		
12 DIRTHIN ACE (side or found)	Dther Contributary Canage of importance:	1997
12. BIRTHPLACE (city or town) (Stete or country)	ant mus Cardit!	July
13. NAME Goline Goddes		1937
14. BIRTHPLACE (city of town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? What test confirmed diagnosis? Was there an au	utopsy Rep
15. MAIOEN NAME Mary Chulson	23. If death was due to external causes (VIOLENCE) fill in also the following:	- 9
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Demosylvanca	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Jose aufrages	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mestaminater Supare Cluq. 31, 1937	Nature of injury	
19. UNDERTAKER Straucis Kingle	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILEO Sf 2 9,193 7 Allewoodis	(Signed) Chao R Jour	M. I
Registrar. If more blanks are needed, address State Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
BUHEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reghesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	C 10 10 10 10 10 10 10 10 10 10 10 10 10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Carroll	Registration Dist No.
Village or City Deer park Road	death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Henry Bits	e L If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: ND. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
Sa. If married, widowed, or divorced HUSBAND of Elyabeth Crooke Bilget (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7 cb. 22 - 1852	I last saw harm after on any 20, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 10.230 P.m.
85 3 28 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Cardio Kengle Xyslase
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mill.	(asterio seleratio)
work was done, as SILK MILL, Own tarm	With myorphalal
O 10. Date deceased last worked et 11. Total time (years)	a feel a con
this occupation (month and 9.3.4 spent in this 3.0 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) M. A.	
13. NAME Seorge Singel 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis?
E Substitute of the substitute	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Elarence G. Bitel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL DEN ROLL R RODAL.	Manner of Injury
Place Lither antem. Date aug. 23, 1937	Nature of injury
19. UNDERTAKER ALS and set 1 trans	24. Was disease or injury in any way related to occupation of deceased?
17/132 Marine	(Signed) W blench Revalled M.D.
20. FILED. Registrar.	(Address) let the desire the desi

If more blanks are needed, address State Registrar, 241x N. Charles Street Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Male White Married (Worth) (Day) (Sear) 5a. If married, whowed or divorced HUSBAND of (Farmire Bushey Bitzer) (or) WHE of Farmire Bushey Bitzer 5a. DATE OF BIRTH (month, day, and year) July 14-1864 hast saw h. CM. alive on Aug 15, 1937; death is said	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village of Fig. Him Ask Burney (death occurred in a hoppital or insilitation, give in NAME instead of steet and number) Length of residence in city or town where death occepted H. P. yrs. mos. ds. How long in U.S. It of torsign birth? yrs. mos. ds. 2. FULL NAME HELDELIA BUTNEY (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. NILLEM ARRIED, PHODVED. OR PHYORED (curred the wiged) St. I married, wheated, be discussed HUSAND OF DEATH (Month) (Day) 193 (Perr) St. II married, wheated, be discussed (curred the wiged) St. DATE OF BIRTH (month, day, and year) Pully 14 - 16 44 (S. Trade, protession, or particular (month, day, and year) 1 (day, month) 1 (day) 1 (93-0
Length of residence in city or town where death occipied. If Dyr	County Carroll	Registration Dist. No.
Length of residence in city or town where death eccepted & Days	Village of City Fine Kaling	NoSt., Ward
(a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR WINDOKED WINTER BY OR WINTER BY OR THE TENTH I attended deceased from or winter by or town and State 1. BIRTIPLACE (city or town). 1. Interpretation or particular by or winter by or winter by or town or winter by or town or winter by or town or town or winter by or town or winter by or town or town or town or town or town or winter by or town o		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR WANDED, OR WINDOWED, OR WINDOW,	2. FULL NAME Granklin Bitzer	If U. S. Veteran, specify WAR
21. DATE OF DEATH Whate Whenth San Harried with the winds of the control of the		
Male White ORDWORED (white he wight) 5. If married, whoweld, and discreted HUSBAND of (Month) 5. If EES Hand HUSBAND of (Month) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthy 10 Days 11 LESS than 1 day		MEDICAL CERTIFICATE OF DEATH
HUSBAND of FIRTH (month, day, and year) 8. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthy Days If LESS than I day, hrs. or min. 8. Trade, probasion, or particular Mind of work done, as SPINNER, Flammer SAW MILL, BARK, etc. 11. Togal time (years) spent in this Year Control of Cont	male white ORDIVORCED ("write the wigrd)	Muy 15 1937
13. NAME	HUSBAND of	35
8. Irade, protession, or particular kind of work done, as SPINNER. 8. Irade, protession, or particular kind of work done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was done, as SPINNER. 9. Industry or business in which work was deep as SPINNER. 11. Total time (years) 10. Data deceased last worked at this occupation (month and July 18 1). Total time (years) 11. Spin tin this 40 12. BIRTHPLACE (city or town) 13. NAME Frankleit SPINNER. 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT MA Frankleit SPINNER. 17. INFORMANT MA Frankleit SPINNER. 18. BURIAL, ORMATION OR BENGVAL 19. UNDERTAKER 19. UNDERTAK	6. DATE OF BIRTH (month, day, and year) July 14-1864	Plast saw h 124 alive on Quy 15 1, 19-37; death is said
8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Same and Same Same	7 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
work was done, as SILK MILL, (S. C.M.) and S. S. S. S. S. S. MILL, (S. C.M.) and S.	8. Trade, protession, or particular kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc.	myozardiki (6 hronie)
this occupation (month and filly / By occupation occupation) Other Centributery Causes of Importance: Other Cent	work was done, as SILK MILL, Own farm	
13. NAME Frankling Sitzer 14. BIRTHPLACE (city or town) Payland 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Was there an autopsy? 17. INFORMANT WAS Frankling Bitter 18. BURIAL, OREMANION SR REMOVAL PHARMANION SR REMOVAL	this occupation (month and bulley / Gas spent In this LI)	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Address) 19.		The state of importance:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Results of Date and 12, 1932 18. BURIAL, CREMATION OR REMOVAL PLACE (Address) Date of Injury Date of Injury PHANTICLE (CITY OF TOWN, COUNTY and State) 19. UNDERTAKER Eled Eled Electron of Carrent of Car	13. NAME Franklin Bitzer	The state of the s
To MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Address)		
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL PHATILICAN PLACE (Address) Date of Injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER CAddress) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of Injury 19. UNDERTAKER CAddress) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 19. UNDERTAKER CAddress) Manner of Injury Nature of Injury in any way related to occupation of degreesed? If so specify (Address) M. D. Registrar. (Address) M. D.	vi i i i i i i i i i i i i i i i i i i	
17. INFORMANT MAN FAULUR BILLS (Address) Relation Modern Manual Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Removal (Addre	16. BIRTHPLACE (city or town)/-,	Accident, suicide, or homicide?
Phys Lilear Date Aug 17, 1937 Nature of Injury 19. UNDERTAKER Elev Estable (Address) New Street (Address) 20. FILED (Address) Registrar. (Address)		(Specify city or town, county and State)
20. FILED (Address) Resultation of M. D. Registrar. (Address) Blocking m.d. M.D.	18. BURIAL, CREMATION OR REMOVAL PROPERTY GILLOUGH Date aug 17, 1937	
Registrar. (Address) Realistrar M.d.		If so specify
	Registrar.	121. It. Im

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Quisiones	May 1,1925	dastroemeruts	1 year

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PL

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	672
County Carroll	Registration Dist. No. 7	4
Village or City Worlle Branch	NDSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and t	
2. FULL NAME Charles R. Bower	If U. S. Veteran, specify WAR	
(a) Residence: Np. Owings mills	Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 193
a. If married, widowad, or divorced HUSBAND of (or) WIFE of Busice V. Bowers	22. I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (month, day, and year) May 2, 1886	l lest saw h elive on1919	
AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
57 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance wera as follows:	1 -
R Trade nunfaceing or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Sudulal drowning	dug
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		1-3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceasad last worked at this occupetion (month and yaar) 11. Total time (yaars) spant in this occupetion		-
	Other Contributary Causes of Importance:	
2. BIRTHPLACE (city or town)		
13. NAME James J. Bowers 14. BIRTHPLACE (city or town)		
14, BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there are	
15. MAIDEN NAME Surance Mosher	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Lindbutbete of injury du	
(State or country)	Where did injury occur? Worth Beauch	
(Address) Kirterstown M.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
B. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury Vell in River	
Reface Rant Hell une Data ling. 3, 19.3;	Neture of Injury Drawed	
9. UNDERTAKER Grant N. Newell	24. Was diseasa or Injury In any way related to occupation of deceasad?	no
(Address) Justicelle Mid.	If so, specify (Signad) January Reed act.	ALOCU MA

(Address) ____

Registrar.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	:
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year
Agrange for the			

-WRITE

V. S. No. 1 Ä

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 8673
1. PLACE OF DEATH	920)
County Carroll	Registration Dist. No. 74
Village or City Westminster	No. St., Ward
Length of residence in city or town where death occurred lekysternoon	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clinton Hamilton	Bowerst U. S. Veteran, specify WAR
(a) Residence: No./10 arbieldsburg	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower	21. DATE OF DEATH V (Day) 1937
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-81	22. I HEREBY CERTIFY, That i attended deceased from
1887	Ulast saw h salive on any Z , 19.3 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
55hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Heart Failure Date of onset
SAWYER, BOOKKEEPER, etc. farmer	
S Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Community Causes of Importance.
(State or country) (arroll Country)	
13. NAME CONFIDENCE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or counity)	Accident, suicide, or homicide?
La tati man	Where did Injury occur? (Specify city or town, county and State)
(Address) (1) estimator ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAN	Manner of injury Valvalar condition
Place Kriders Cem Date aug 1. 4, 193	Nature of injury of the loos.
19. UNDERTAKER H. Banhard & Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Westminster ma	If so, specify
20 Filling of 137 Cratagles	(Signed) Therman & Hamagone Converse D
Registrar.	(Address) Meataninster, ked,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			12

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.—WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH County. Village or City. No. No. How long in U. S. If a foreign both? Langth of residence in flay from where death occurred yrs. Langth of residence in flay from where death occurred yrs. Langth of residence in flay from where death occurred yrs. A flowing in U. S. If a foreign both? Yes men. St. Ward Langth of residence in flay from where death occurred yrs. A flowing in U. S. If a foreign both? Yes men. St. Ward If nonerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINCLE MARRED, WIDWED A LONG PERSONAL AND STATISTICAL PARTICULARS S. SINCLE MARRED, WIDWED A DATE OF BERTH (month, day, and year) The PROPAL AND STATISTICAL PARTICULARS S. If married, without the control of the county o	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Ward Langth of residence in fifty in Now where death occurred	1. PLACE OF DEATH	1/9
Village or City Langth of residence in filty Town where death occurred 1. Yrs	County and 1	Registration Dist. No.
Langth of revidence in fully allow where death occurred yts		No. St. Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (g) Residence: No. (h) Residenc	Langth of residence in city of town where death occurredyrs,mos	
PERSONAL AND STATISTICAL PARTICULARS 3. SKI 4. SQLOR OR RKCK 5. SINGLE MARKED, WIDOWED. 3. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. LI HER EN CERTIFY, That I attendeg decessed from the state state on the date of the	Vicinia 10 HM	W Down and
PERSONAL AND STATISTICAL PARTICULARS 3. SKI 4. DOLOR OR RACK 5. SINCLE MARKID, WINDWED, OAD DIVORCED (write the word) 54. If married, widowebus divorced (or) VIFE of 8. Trade, profession, or particular kind of work done as SPINNER, SANYER, BOOKKEEPER, etc. 9. ACRE Years Months 10 Jay 11 LESS than 1 day,hrs. ormin 1 dayhrs. ormin	(a) Residence: No. Dulki W	St. Ward.
3. SKY OCHOR OR RAFE S. SINCLE, MARRIED, WIDOWED OR DIVORCED (winch word) 3s. 1 married, without had divorced (cr) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. The PRINCIPAL CASE OF DEATH and related causes of importance were as colons: White of work done, as SPINNUS. 3. Ardestry or business in which spant in this occupeiton (month and consulty) 12. BIRTHPLACE (city or town). Glate or county) 13. NAME 14. BIRTHPLACE (city or town). Glate or county) 15. MAIDEN NAME 16. SINCLE MARRIED, WIDOWED 17. INFORMANT 18. SHAMER NAME 18. BIRTHPLACE (city or town). Glate or county) 18. BIRTHPLACE (city or town). Glate or county) 19. West here an autopsy? 10. Shade or county) 11. BIRTHPLACE (city or town). Glate or county) 11. BIRTHPLACE (city or town). Glate or county) 12. BIRTHPLACE (city or town). Glate or county) 13. BIRTHPLACE (city or town). Glate or county) 14. BIRTHPLACE (city or town). Glate or county) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Glate or county) 17. INFORMANT 18. BUSHAL, CREMATION, Gly FEMOVAL Place Place Activity or business or injury log for way rollate/lo occupation/of decessed? Those people's Those people's Those people's Those people's Those people's The county log for way rollate/lo occupation/of decessed? M. A. Claderss) M. A. Gloress M. M. A. Gloress M. M. A. Gloress M. M. A. Gloress M. M. C. Glores's M. M. C. Glores's M. A. Gloress M. M. C. Glores's M. M. C. Glores's M. M. C. Glores's M. M. C. Gloress M. M. C. Glores's M. M.	Count place of spode	If nonresident give city or town and State
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53. 11 married, widowerbar divorced (Conth) (Day) (Sear) Will SARNO of Control (Control (Con		July 141 /6 7
HUSBAND of (or) WIFE of (or) WI	5a. If married widowerk or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day	HUSBAND of	22. / I HEREBY CERTIFY That I attended deceased from
T. AGE Years Months Days If LESS than Idayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: B. Trade, profession, or particular kind of work done, as SPINNE, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWHEL, BRAM, etc. 10-Date deceased lest worked at 11. Total tims (years) spent in this occupagin (State or county) Date of operation. Date of operation. What LeG confirmed diagnosis? Wes there an autopsy? Is. BIRTHPLACE (city or town) (State or coupley) 15. INAIDEN NAME 16. BIRTHPLACE (city or town) (State or coupley) 17. INFORMANT (Address) 18. BURIAL, CREMATION OF REMOVAL Place Place Place Place Reguirar. Reguirar. CAddress) Other Contributory Causes of importance: What LeG confirmed diagnosis? Wes there an autopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Sacity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Carrier Address) Carrier Address Carrier Ann. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a following: Address) Date of importance What LeG confirmed diagnosis? Wes there an autopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Carrier Ann. The PRINCIPAL CAUSE OF DEATH and related causes of importance was a followed. Date of importance Date of importance What LeG confirmed diagnosis? Wes there an autopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) What LeG confirmed diagnosis? Carrier Ann. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of importance Date of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of importance D	1 11 00	Muguel 9, 1927, to aug 16, 197
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20, FILED / 16/3, 19 CP Stage (Signed) August dan M. Q. (Address) Distence of the Company of th		27. Was disease or injury in any way related to occupation of deceased?
20, FILED AND Registrar. (Address) & Description (Address)	Sold All Alle April 1000	
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propert V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH 8675
1. PLACE OF DEATH	(3)
County Carroll	Registration Dist. No. 78
Village or City Orm Liebel	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME (halles Jy. USnown	The same of the sa
(a) Residence: No P. D. Woodfine, Med. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVORCED (Twite the word)	Mug - 30
5a. If marriad, widowed, or divorced	(Mon r h) (Day) (Year)
HUSBAND of Mary E. Brown	22. I HEREBY CERTIFY, That I attanded dacaased from
1 70 -1 10-5	Jan / 1934, io Aug 30- 1037
6. DATE OF BIRTH (month, day, and yaar) 100 26 802 7. AGE Yaars Months Days If LESS than	1 Vor saw h 19 alive on 27 - 193/; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	My ocastus (Cas)
9. Industry or business in which	Algunia (Car)
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) Carroll Ce	Monte delalation of hard
(State or country) md.	
13. NAME ON The Opround	, , , , , , , , , , , , , , , , , , ,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 26
15. MAIDEN NAME Mary Stermanian	23. If death was dua to external causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, of homierass
on: (D) P	Whera did injury goods? (Specify city or town, county and State)
(Address) Marrilland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Bethes da Centy Date Sept 1, 1937	Manner of injury
/ Na Mate	Nature of injurye and a second
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) C. Sessielle M.D.
D. FILED Llay 31., 1937 G. M. Farrer Registrar.	(Addrass) lifegorningle hid.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 4		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car 198 0 d3S	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		MECELAED	A Company	
Other contributory causes of importance:		Other contributory causes of importance:	1	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	- 14			

		S	TATE O		YLAND-			TH	8676
1	1. PLACE OF			Mary		erculosis Sanato	orium		
	County CE	rrol	1		COTO	red Branch 23	Registration	Dist. No. 74	
1	Village or Ci	ty Hen	ryton,	Marylar	d	No. (Above)		St.,	Ward
1	Length of rasio	dance in cit	y or town whare da	aath occurredC	(If yrs,5mos	death occurred in a hospital or institution. 28 ds. How long in U.S. if of for	n, give its NAME oraign birth?	instead of street and	d number) .mosds.
	2. FULL NAT	ие Ма	rie Eli	zabeth	Cann	If U. S. Veteran, sp	ecify WAR	none	
						St., Ward.	(abov	-	
-				1000				give city or lown as	nd State
_				CAL PARTI		MEDICAL CEI	RTIFICATE	OF DEATH	
	sex Female		lored	or divorces Marri	RIED. WIDOWED. O (write the word) OC	21. DATE OF DEATH	August	5th	, 193
5a.	. If marriad, widowe HUSBANO of	ed, or divor	ced				CEDILE		
	(or) WIFE of		Geor	ge Cann		February 8			
6.	DATE OF BIRTH (month, day	and year)	Feb.23	.1896	I last saw h.er elive on Al			
_	AGE Yaar		Months	Days	If LESS than	to have occurred on the date stated a			
	4]		5	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and ralated cause	es of Importanca	Oate of onset
N	8. Jede, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BOOKKEEPER, etc.					Pulmone	ary Tub	erculos:	15
OCCUPATION	Industry or t	ousiness in	which	Onesour					
:UP	work was	done, as S L, BANK, e	ILK MILL. T	Inknown			~~~~	•••••••	Tom
000	10. Date dacease	ed last work	ked at th and Unkno	11. Total ti	me (years) It in this Unkno pation Unkno				Jan. 1937
_	yaar)				pation UIIIIO	Other Contributory Causes of imports	ance:		
12	. BIRTHPLACE (cit		Chest Maryl	ertown					
œ	13. NAME	uy)		Linsley	P				
FATHER			TInlene			Name of oparation		D-1	
FA	I4. BIRTHPLACE (Stata or		Maryl		**************	What tast confirmed diagnosis?		Date of.	n eutonsy? NO
IER	15. MAIDEN NAM	ME	Eliza	beth Tu	rner	23. If daath wes due to external ceuse			
MOTHER	16. BIRTHPLACE		,	Grove,	Md.	Accident, suicida, or homicide?		Date of Injury	, 19
Σ	(State or		Maryl			Where did injury occur?	(Specify city or	town, county and S	tate)
17	. INFORMANT (Address)			man, M. Maryland		Specify whether injury occurred in 1	NDUSTRY, In HO	ME, or in PUBLIC A	PLACE.
18	BURIAL, CREMATI	ION, OR BE	EMOVAL	0	7 37	Manner of injury			
	Place	and	nesse	Datelling	7 ,19.37	Nature of injury			
19	. UNDERTAKER (Address)	LA	Effer	Halm	igad	24. Was diseese or injury in eny way	related to occupa	ntion of deceased?	No
20	. 7	37 ,1	9 alber	t.R. Su	auchhaus	(Signad) (Rube	u Ag	fuary) and	
			De	puty Lo	CH Tregistrar.	" (Address) It Sitt	**************************************	mar Tram	A

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUNGA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARYI	AND-CE	RTIFIC	ATF	OF	DEATH
SIAIL		MUNICIP	AIND CL				PLAIII

1. PLACE OF DEATH	I MIMIX	ILAND	GERTIFICATE OF BEATH
County Carrol	11/1 00000		Registration Dist. No.
Village or City Westmir			No. 99 E Green St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Emma	Hunter	Case	
	E. Gree		St. Ward.
(a) Residence. No.	(Usual place		If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Female White	OR DIVORCE	tRIED, WIDOWED, D. (write the word)	21. DATE OF DEATH August 22 , 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Cas	le		22. I HEREBY CERTIFY That i attended deceased from 22, 1935, to 22, 1937
6. DATE OF BIRTH (month, day, and year)	Februs	ry 7,187	B I last saw her alive on any 22 1, 1937; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9:50 Ab.
59 6	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	at own	home	Cardio Henal
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Hypertension +
10. Date deceased lest worked et this occupation (month and year)	SD3	Ime (yeers) ent in this upation	My carpersa Lou
12. BIRTHPLACE (city or town)	yland		Other Contributory Causes of importance:
置 13. NAME Danie]	W. Hur	iter	
13. NAME Daniel 14. BIRTHPLACE (city or town)	yland		Name of operation Date of What test confirmed diagnosis? Plane Segme Washere an autopsy?
15. MAIDEN NAME Mary A	lfonce	Lockard	23. if death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary A 16. BIRTHPLACE (city or town) (State or country)	yland		Accident, suicide, or homicide?
17. INFORMANT Paul Case (Address) Westminste	r. Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem.		25,1937	Manner of injury
19. UNDERTAKER J. France (Address) Westmins 20. FILED 23, 37		lo divo	24. Was disease or injury in any way related to occupation of deceased? 4.0 (Signed) (Address) (Address)
If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 7 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
· ·				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PE	IYSICIAN
						•

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Y	8	1	7	3
J	1	J		-

1	L. PLACE O	F DEATI	Н				- (50) V	401
	County		Carro	11 " " ***	*******)	Registration Dist. No.	76
			or town where	ster	(ii	No. death occurred in a	Bond horpital or institution, give its NAME instead of w long in U.S. if of foreign birth?yrs.	St., Ward street and number)
	2. FULL NA	ME	Rui		tein Cas			
	(a) Residen	ce: No		ond (Usual pface		St.,		********
-	PERSON	IAI AND	STATIST	(Usual pface			If nonresident give city of	
3	SEX	4. COLOR		7	RIED, WIDOWED,	21. DATE O	MEDICAL CERTIFICATE OF DE	AIH
				OR DIVORCE	D (write the word)	ZI. DATE O	August. 17	. 193 7
50	femals If married, widow		white_	mer	pried		(Month) (Day)	
58.	HUSBAND of (or) WIFE of			RSe		22.	HEREBY CERTIFY, That I	
6.	DATE OF BIRTH	(month, day, a			, 1895	I last saw h	alive on Guy 15nd	
7.	AGE Yea	rs	Months	Days	If LESS than	to have occurred	on the date stated above, a. 3. Q. m.	
	4	1	11	23	1 day,hrs.	The PRINCIPAL were as follows:	CAUSE OF DEATH and related causes of Import	
NO	8. Trade, profes	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					cinema & Brea	J Date of onact
OCCUPATION	9. Industry or		vhich					
000	10. Date decease this occu		ed at	spa	ime (years) nt in this upation			
12.	. BfRTHPLACE (cit		Mary	la nd		Other Contributo	Twiter & vanin	
ER.	13. NAME	Ca		R. Chew		ng	ass	
FATHER	14. BIRTHPLACE (State or	(city or town	1)	,land			on Breen ampulus ned dlagnosis? Microsoft Was	
ER	15. MAIDEN NA	ме Ји		Booker			ue to external causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (State or		1)	land			, or hornicide? Date of Inju	
17.	. INFORMANT		omas ((Specify city or town, couninjury occurred in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
18.	BURIAL, CREMAT			PODI I MG	•	Manner of injury		******************
	PlaceWe	stmin	ster	Date_Aug	19,1937	Nature of injury		
19.	. UNDERTAKER	0.07		is Rees	e	24. Was disease or	r injury in any way related to occupation of dec	eased? 24
20.	FILED F	8 , 19	12/	Huo	Away Registrar.	(Signed)	LA Bulingal	M. D.
	-		,		ACKINITAT.	" (Addi	1000)	The second

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	Example I	Example II		
The principal cause of importance were as Arteriosclerosis	f death and related eauses follows: RECEIVED	11 %	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cercbral hemorrhage	SEP / 1901	July 5,1927	Peritonitis	3 days ago
	BUREAU Y. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8679
County Carroll	Registration Dist. Np. 82
Village or City mx aug md.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds
2. FULL NAME Jesse Colson	
(a) Residence: No. Ind. any, md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mule Mule Munuel .	21. DATE OF DEATH (Mogsh) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Enume Colson.	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 7/10/37, 19
6. DATE OF BIRTH (month, day, and year) Frence 15-1912	I last saw h_six alive on 2/9/37 , 19 ; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0.45 m.
25 / 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Farm Labour	Date of onset
kind of work dona, as SPINNER, Farm Labour	acute Naphretis 8/0/3,
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK, etc.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) yaar) yaar) yaar)	Clase unknown
12. BIRTHPLACE (city or town) Coursell Co	Other Contributory Causes of importance:
(State or country) md.	
13. NAME William Colson.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Office Kreen	23. If death was dua to external causes (VIOLENCE) filt in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT/Mrs. Granua Colson. (Address) R. D. M. aug Md.	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL, acher to le formed lemby Data linge 12, 1937.	Manner of Injury
19. UNDERTAKER 6. M. Walty (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILE aught, 1937 The Daijder Registrar.	(Signed) Startly Tratel M. (Addréss) Metain M.
If more blanks are needed, address State Remistrar	August N. Charles Street Beltimore Property of S. No.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BURE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

	CERTIFICATE OF DEATH 8680
1. PLACE OF DEATH County County	Registration Dist. No.
Village or City Communication (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
4.7	ds. How long in U.S. If of foreign birth?
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SUIGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHCUGUSA 9 (Note) (Vode)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth & Creament	1 HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and year) occupation.	Ocute Augma Pretoris 8/8/3/
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME Villiam Crewell 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Mailes Barres 16. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there an au'opsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Mus Earl Joudan (Address) Fuirabling med.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Company Date Day 1 1957	Manner of injury
19. UNDERTAKER STANDER (Address) Suppose The Control of the Contro	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11/37 19 Cofagle	(Signed) M.D.

(Address) W. Stuustie, Ully Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PERSIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 7 1937	July 5, 1927	Peritonitis	3 days ago	
	BURPAU V. S.				
Other contributory	causes of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CAUSE LION 17. INFORMANT (Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION OR REMOVAL

OCC pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If U. S. Veteran, specify WAR_ (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write the word) (Year) (Month) (Day) 5a. If married, widowed, or diverced HUSBAND of CERTIFY That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days II LESS than to have occurred on the dete steted ebove, et. f day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, CUPATION SAWYER, BOOKKEEPER, etc ndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc._____ 10. Date deceased last worked at f1. Totel time (yeers) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town (State or country) HER f3. NAME FAT 14. BIRTHPLACE (city or town) Name of operation __ (State or country) What test confirmed diagnosis? MOTHER f5. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide?______ Dete of Injury_______19. (State or country) Where did injury occur?___

Nature of Injury. 24. Was disease or injury in eny way related to occupation of deceased?

Manner of Injury

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CED 0 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.	1 2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8682
1. PLACE OF DEATH	97
County Carroll	Registration Dist. No. 76
Village or City (1) estiminater	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah V. Doyle	If U. S. Veteran, specify WAR
(a) Residence: No. Doyle ave.	St. Ward.
(a) Residence, No. 19 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Mony) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND OF (or) WIFE of Hugh Doyle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jug. 25 1848	I last saw. alive on Quy 1 1927; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9m.
88 11 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	acuty cardiac ay!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	villation 1937
work was done, as SILK MILL, sousewife	
1D. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Westminster	Dther Contributory Causes of Importance: Alteria Selevisa 4920
(State or country) Carroll Country	
13. NAME Medrew J. Beaver 14. BIRTHPLACE (city or town)	
(State or country)	Name of operation Date of What test confirmed diegnosis? Physical Edgs there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cligabeth Magee 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Carroll	Where did injury occur?
17. INFORMANT Sarsfield Dayle (Address) Westminster, ma.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place IT Johns Cemp Date aug 4. , 1937	Nature of injury
19. UNDERTAKER H. Bankard + Son (Address) OW (Atomical Lite) Ond	24 Was disease or injury in eny way related to occupation of deceased?
20. FILED. 8/2, 1937 Hoodway	(Signed) Chan R. Toute M.D.
Registrar. If more blanks are needed, address State Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk:

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11 2 11	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

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FOR BINDING

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STATE (DEATH rroll	Maryland Tube	CERTIFICATE OF DEATH Proculosis Sanatorium red Branch (25) Red Branch (25)
THE RESERVE	Maryland	Registration Dist. No. 74 No. (above) St Ward
	(1)	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 17. ds. How long in U.S. if of foreign birth?
	njamin Frazier ., Towson, Balto.((Usual place of abode)	If U. S. Veteran, specify WAR—none O • St., Ward. (above) If nonresident give city or town and State
L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Color or RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Narried	21. DATE OF DEATH August 6th 19337 (Month) (Oay) (Year)
, or divorced harlotte F onth, day, and year) A		22. I HEREBY CERTIFY, That I attended deceased from April 20, 137, to August 6, 1937 I last saw h im elive on August 6, 1937; death is said
Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.2.45 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance

1. PLACE OF County Ca Village or City Length of reside 2. FULL NAM (a) Residence PERSONA 3. SEX Male 5a. If married, widowed HUSBANO of (or) WIFE of 6. DATE OF BIRTH (m 7. AGE Years 26 or....min. were es follows: Date of onset Congested Heart Failur 8. Trede, profession, or perticular kind of work done, as SPINNER. OCCUPATION Chauffeur SAWYER, BOOKKEEPER, etc.__. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. June 6 Unknown 1937 10. Date deceased last worked at e deceased last worked at this occupation (month and Unknown 11. Total time (years) spent in this occupation Unknown Towson Nov. 12. BIRTHPLACE (city or town) (State or country) Maryland 1936 Alexander Frazier FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town). Name of operation__ Maryland (State or country) What test confirmed diagnosis? MOTHER Hester Frazier 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Unknown Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town). Maryland (State or country) Where did injury occur?___ (Specify city or town, county and State) Hoffman. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT Maryland. 18. BURIAL, CREMA Manner of Injury Nature of injury 24. Was disease or injury In eny way related to occupation of deceased? NO 19. UNOERTAKE (Address) If so, specify ... (Address) Henry

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
On the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1.	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be

V. S. No. 1

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
LACE OF			93-0		

Village or City/ Was and where death occurred 7.3 yrs		
Length of residence in city or town where death occurred 1.3	County //WWW	Registration Dist. No.
Langth of residence in city or town where death occurred 1.1. yrs	Village or City Mr. Westminster	
(a) Residence: No. (Unusplace of abode) St. Ward. (b) Hinomenident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR BYORCES (criter the word) S. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR BYORCES (criter the word) S. HI MINING, vidowad, or divorced only Wilk-ed To DATE OF BIRTH (month, day, and year) TO DATE OF DEATH TO DATE	Longth of conidense in situ or town where death ecoursed 7.5° was	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(1 - Lames a thinks	f- /
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED ("write the word) 7. AUTHORITHM, doy, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE 8. Trade, profession, or particular 9. AUTHORITHM, EDMKEEFER, etc. 9. AUTHORITHM, EDMKEEFER, etc. 9. AUTHORITHM, EDMKEEFER, etc. 10. Date decased last worked at 11. Total lime (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 16. MAIDEN NAME 17. INFORMANT MALL PLANE (city or town) 18. SAN MAIDEN NAME 19. Mane of oparation 19. What test confirmed diagnosis? 10. What test confirmed diagnosis? 11. INFORMANT MALL PLANE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT MALL PLANE (city or town) 18. BURIAL (SEMATION) DR REMOVAL 19. Date of injury Natura of injury Natura of injury Natura of injury in any way related to occupation of foresect? 19. UNDERTAKEEFT AUTHORITY 19. UNDERTAKEEFT A	2. FULL NAME Saum Colonia Theory	Mausen 16 U.S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7. ACE 8. SINGLE, MARRIED, WIDOWED, Or DEATH 1 day,		
4. COLOR OR RACE OR DIVORCED (write the word) NEW Widewad, or divorced HUSBAND of Court of Working (to wide the word) HUSBAND of Court of Working (to widewad, or divorced HUSBAND of Court of HUSBAND of Cour		
OR DIVORCED (warist the world) (Month) (Month)		
15. If married, videwad, or divorced HUSBAID of Young 15 across 15	OR DIVORCED (write the word	
HUSBAND of Machine Saward (cry wiffeed (cry		(Month) (Day) (Year)
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day	HUSBAND of mary January	22. I HEREBY CERTIFY. That I attended deceased f
TAGE Years Months Days If LESS than I day his. Or min. 8. Trade, profession, or particular index of the profession of of the profess	(1) 11121	- aug 29, 1937, to aug 29, 193
to have occurred on the date stated above at 1.30 m. 1 day.	6. DATE OF BIRTH (month, day, and year) man. 15-185	I last saw helm alive on any 2 9 0 , 1937; death is
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEFFR, etc. 9. Industry or business in which work was done, as SILK MILL, SAWILL, BAIK, etc. 10. Date decased last worked at this occupation (gonth and year)	7. AGE Years Months Days If LESS that	
STATE OF POTENSION, or Particular Kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and year). ————————————————————————————————————		were as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date decassed last worked at this occupation myork man do year)	8. Trade, profession, or particular	myocardes Chrone
10. Date decaased last worked at this occupation (month and year) 10. Date decaased last worked at this occupation (month and year) 10. Date of this occupation (month and year) 10. Date of country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME HOW A HOW AND A HOW AND A HOW AND A HOW A HOW AND A HOW AN	- SAWIER, DOUNTELLER, GLO.	Carbulary Thrombosis
10. Date decaased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN MALL 18. BURIAL CREMATION, DR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date decaased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 10. Deter Coatributory Caugh of importance: 11. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) What test confirmed diagnosis? What test confirmed have test test test test t	9. Industry or business in which work was done, as SILK MILL,	
this occupation (month and year) occupation 3.0 Description of importance: Descripti	O North Miles, Drillin, decision and account of the control of the	
Description of importance: De	this occupation (month and spant in this	
(State or country) 13. NAME HOW AND THE PROPERTY AND		Other Contributory Cause of importance:
13. NAME ACM ATTRIBUTE ACCURATION. 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country) 17. INFDRMANTIAN (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (State or country) Date of (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury Natura of injury 19. UNDERTAKER (Signed)		aruni Secroses
14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANTMAN Charles (Moore (Address)) 18. BURIAL CREMATION, DR REMGYAL Place Library (Address) 19. UNDERTAKER (Moore (Address)) 19. UNDERTAKER (Moore		7
What test confirmed diagnosis? Was here an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Address)	I I I I I I I I I I I I I I I I I I I	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANNIAL CREMATION, DR REMOVAL Place Living Common Date of injury 18. BURIAL, CREMATION, DR REMOVAL Place Living Common Date of injury 19. UNDERTAKER ASSUMBLE COMMON DATE OF CREMATION OF COMMON DATE OF CREMATION OF	14. BIRTHPLACE (city or town)	Reference & Server de
Where did injury occur? (Specify city or town, county and State) 17. INFDRMAN MAR CHARLES IN CON (Address) W totmuse to Mark 18. BURIAL CREMATION, DR REMOVAL Place Listure Com: Date Ent. 1, 1937. Natura of injury 19. UNDERTAKER AS ANDROLL AS ON (Address) West displayed to occupation of depeased? (Address) W totmuse to Market As On (Signard) (Signard) (Signard) (Signard) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disaase or injury in any way related to occupation of depeased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	The state of the s	
Where did Injury occur? (Specify city or town, county and State) 17. INFDRMAN MAR CHARLES IN CON (Address) W totmus to M. 18. BURIAL CREMATION, DR REMOVAL Place Listure Com. Date End. 19. UNDERTAKER Burian for injury 19. UNDERTAKER Burian for injury 24. Was disaase or injury in any way related to occupation of deceased? (Address) W totmus to M. Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disaase or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	20. MAIDER HAME	
17. INFDRMANT WAS CHARLER SUNCON (Address) Wattrium to . 18. BURIAL CREMATION, DR REMOVAL Place LUSTUR COM: Date SEM: 1,193.7 Natura of injury 19. UNDERTAKER Buriaged Son (Address) Wattrium to . 24. Was disaase or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury Natura of injury 24. Was disaase or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	O 16. BIRTHPLACE (city or town)	
18. BURIAL CREMATION, DR REMOVAL Place Living Com. Date Ent. 1, 193.7 Natura of injury Natura of injury 19. UNDERTAKER Burious from (Address) Restriction of deceased? (Address) Restriction of deceased? (Signard) (Signard)	hus bearles Vice	(Specify city or town, county and State)
18. BURIAL CREMATION, DR REMOVAL Place PLISTURE COM: Date SEM: 1, 193.7. Natura of injury Natura of injury 19. UNDERTAKER SAMPOUR SON (Address) Lest Manner of injury 19. Son Specify (Signed) (Signed)		Specify whether injury occurred in INDUSTRY, in HUME, of in PUBLIC PLACE.
Place FLUXUR COM: Date SEM 1, 1937. Natura of injury 19. UNDERTAKER SAMPOUR STORM 24. Was disaase or injury in any way related to occupation of deceased? (Address) Lestminster, The so, specify (Signard) (Signard)		Manner of injury
19. UNDERTAKER AS A STATE OF THE STATE OF TH	To: =110 = Menon selet. 1	7
(Address) Westminster, may so, specify (Signed) (Signed)	21B-126-12 d 12 -	
1/2. 17. 1/1/1 (Signed) () () () () () () () () () (·
20 FILED 19	P15: 17.4/11	
Registrate (Address) W. L. Stracker alle Mills	20. FILED 19. 19. 19. Registre	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I '		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	ا ا د ا	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	\mathbf{BY}	PHYSICIAN
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1. PLACE OF DEA	ATH	- Connection		CERTIFICATE OF DEATH	
County	Carroll			Registration Dist. No.	
Village or City	Westmir	ster		No. 138 East Main St., Wal death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in	city or town where d	leath occurred]		de. How long in U. S. If of foreign birth?yrsmosd	
2. FULL NAME	Ida A	. Frizz	ell		
(a) Residence: No.	1.38.	Fast Ma (Usual place	of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COL	or or race	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH August (Month) (Day) (Year)	
5a. If married, widowed, or di HUSBAND of	vorced	Prizzell		22. I HEREBY CERTIFY. That I attended deceased from 1923, to 2004 119 1936	
6. DATE OF BIRTH (month, o	lav and veer) No	מפרומשזור	12. 1861	I last saw hamalive on any 840 1927 death is sa	
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Data deceased last withis occupetion (n	á, as SPINNER, EEPER, etc in which s SILK MILL, , etc	spa	ima (years) nt in this	Cerebral Kemarliago Gir	
12. BIRTHPLACE (city or town (State or country)	n)	rland	upation	Other Contributory Causes of importance:	
13. NAME 177	ishe Pm	,		1	
14. BIRTHPLACE (city or (Stata or country)	town)	vland		Name of operation Data of What test confirmed diagnosis? Claure Data of Was there an autopsy? A	
15. MAIDEN NAME Sarah L. Wagner 16. BIRTHPLACE (city or town) (State or country) Maryland				23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Andrew P. Frizzell (Address) Westminster, Md.				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR Place Wastmi	REMOVAL	,	3. 13,19.37	Manner of injury	
19. UNDERTAKER	Franci Vestmine	is Reese		24. Was diseasa or injury in any way related to occupation of deceased?	
20. FILED 01/2	127 4	luo	Alegistrar.	(Signed) C. J. Belliuch M. M. (Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

, 8685

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	Example I	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 7 1931	July 5,1927	Peritonitis	3 days ago
	REPLAN V. S.			
Other contributory d	auses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gaustones		May 1,1923	Gastroenteritis	1 ye

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8086
1. PLACE OF DEATH	46-81
County Canal	Registration Dist. No. 7.9
Village or City / hyman	No. St War
Length of residence in city or fown where death occurreds 31 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
(il) At	Saulti
2. FULL NAMELING CAUSTON	OCCUPATION Specify WAR
(a) Residence: No. / W/ OUT / (Usuai piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR VAYORCED (Write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or diverced HUSBANO of (or) WIFE of AND	22. OI HEREBY CERTIFY That I ettended deceased fro
DATE OF BIRTH (month, day, and yeer)	i last sew h. 7. alive on Company 1937; deeth is sel
AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the dete stated above, at J. J. J. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
14 1 0 ormin.	were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	The Samash &
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at	Chalistins!
10. Date deceased last worker at this occupetion (most) and spent in this occupetion (most) and spent in this	
year) occupation	Other Contributory Causes of Importance?
22. BIRTHPLACE (city or town) Many Conference (State or country)	Channe Milmins
13. NAME MAJONIN POUL 14. BIRTHPLACE (city or town). MAN Cond.	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	Whet test confirmed diagnosis? Wes there an autopsy
15. MAIOEN NAME ALLE F. Crapper	23. If death was due to externel causes (ViOL ENCE) fill in also the following:
15. MAIOEN NAME alle Crapily 16. BIRTHPLACE (city or town) Allew Country)	Accident, suicide, or homicide?, 19, 19, 19, 19
7. INFORMANT Hann Pohant	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE PINCEL DATE DATE 31 1937	Menner of injury
9. UNDERTAKER & Fresh & Sleen	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Lang low her	(Signed) 101222 H. M. M.

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Examp	le I		Example II	
The principal cause of death an of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3037	1315	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	387 '	1921	Run over by street car	1 week ago
Cerebral hemorrhage	LOCALI V.	July 5, 1927	Peritonitis	3 days ago
	Million			
Other contributory causes of in	portance:		Other contributory causes of importance:	N
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA

0007

1. PLACE OF DEATH	ISTAL PLANT
County Carrolle 11	Registration Dist. No. 74
Village or City Suffeld 11	NOS Author Ail State Ard St., Ware If death occurred in a hospifajor institution, give its NAME, instead of street and number)
Langth of rasidanca in city or town where death occurredyrsmg	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Judius Noch	edle_If U. S. Veteran, specify WAR
(a) Residence: No. / 2/1 W Bally (Usual place of abode) Pal	HSt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Aug 3/ 193.7
5a. tf marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. DEFERENCERTIFY That I attended deceased from 193 to Carry 3/ 193
6. DATE OF BIRTH (month, day, and year) May 4 1886	t last saw have ativa on Aug 3/ 1997; daath is sai
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, et 12.35 m.
51 3 26 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	p p
SAWYER, BDDKKEEPER, atc.	a congenglas
work was dona, as SILK MILL, SAW MILL, BANK, etc. Blowns Vacion	July Styllists full
kind of work done, as SPINNER, SAWYER, BODKKEPPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end year) 11. Total tima (yaars) spant in this occupation	Legenden but
12. BIRTHPLACE (city or town) Baltha hind	Dither Contributory Causes of importanca:
(State or country)	
13. NAME Nanty Hochedes 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of oparation Date of Date of
(State of country)	What test confirmed diagnosista f. T. A. May Was there an au'opsy? 1
15. MAIDEN NAME Mary Bunggoria	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT SUbficult of Bahlism (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CENSUS July 3 193	Manner of Injury
19. UNDERTAKER Word I Tuckgulert Son	Natura of tnjury 24. Was disease or Injury in any way related to occupation of deceasad?
(Addrass) Ballymore	If so, specify
20. FILED Lug & 1 , 19 & 7 Offermy Heart	(Signed) M. M. (Addrass) M.

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Chronic interstitial nephritis	1921	Run over by street co	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		1 10 to 10	
Other contributory causes of importance:		Other contributory causes of importance:	121112
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Se. If merried, widowed, or divorced HUSBAND or (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Month's Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. or min. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. as SILK MILL, SAW MILL, BANK, etc. as SILK MILL, SAW MILL, BANK, etc. as SPINNER, SAWYER, BOOKKEEPER, etc. or min. 10. Date deceesed last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) SILK MILL, State or country) 13. NAME 14. BIRTHPLACE (city or town) Dete of Neme of operation Detection.	
Village or City Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual pilece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (usual the word) FOR DIVORCED (usual the word) (Word) St. 1. DATE OF BIRTH (month, dey, end year) AGE For SIRTHPLACE (city or town) (State or country) 1. Total time (yeers) specifi in this occupation (State or country) 1. ARME 1. ARME	,
Length of residence in city or town where death occurred	
Length of residence in city or town where death occurred	War
(a) Residence: No. (Usual piece of shoote) (If nonresident give city or town and State (Usual piece of shoote) (If nonresident give city or town and State (Usual piece of shoote) (If nonresident give city or town and State (Usual piece of shoote) (If nonresident give city or town and State (If nonresident give city or town and State and State (If nonresident give city or town and State and State (If nonresident give city or town and State and Sta	
Clause place of abode If nonresident give city or town and State	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (verice the word) e. If merried, widowed, or divorced HUSBAND or (or) WIFE of DATE OF BIRTH (month, dey, end year) AGE Years Months Days IT LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were est follows: Warren Bookkeffer, etc. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc. Industry or business in which work deceesed last worked at this occupation (month end year) To late deceesed last worked at this occupation (month end year) SIRTHPLACE (city or town) (Sale or country) Neme of operation Determine Determine Country or town) Neme of operation Determine Country or town or to	te
OR DIVORCED (runte the word) 5e. If metried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Month's Days If LESS than 1 day, hrs. or min, or min, or min, or min, or min, saw there es follows: 1 Trade, piotession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 10 Date deceesed last worked at this occupelion (month end year) 10. Date deceesed last worked at this occupelion (month end year) 11. Total time (yeers) spent in this occupelion (month end year) 12. BIRTHPLACE (city or town) (State or country) Neme of operation Neme of operation Dete of. Neme of operation Dete of.	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Month's Days If LESS than 1 day, hrs. or min. 1 last saw here elive on detailed causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The	3 (Yeer)
AGE Years Months Days If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. To) Date deceesed last worked at this occupation (month end year) SET TRADE, profession, or perticular three years of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es f	parsed fro
Trade, profession, or perticular were es follows: Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. To) Date deceesed last worked at this occupetion (month end year) 2. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: The PRINCIPAL CAUSE OF DEAT	eath is sa
Trade, profession, or perticular were established to restant three years of more sold of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. To) Date deceesed last worked at this occupetion (month end year) SBIRTHPLACE (city or town) (State or country) Table 11. Total time (yeers) spent in this occupation. Other Contributory Causes of importance: Brondord Laber Loft sides. Other Contributory Causes of importance: Brondord Laber Loft sides. Other Contributory Causes of importance: Date of operation. Dete of	
SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAWHER, BOOKKEEPER, etc. TO Date deceesed last worked at this occupetion (month end year) SBIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. Neme of operation. Dete of.	ate of onse
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month end year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Dete of Neme of operation. Neme of operation. 16. Dete of Neme of operation.	2. /
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Other Contributory Canase of importance: 2. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) Other Contributory Canase of importance: Browless presumance 14. BIRTHPLACE (city or town) Dete of	۵
2. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Additional Marketing Marketing Neme of operation Dete of	
14. BIRTHPLACE (city or town) Neme of operation Dete of	rmi
14. BIRTHPLACE (city or town) Dete of	
(State or country)	
	psy? 4e
15. MAIDEN NAME Lyndelf Harligshafe 23 M. death wes due to external causes (VIOL ENCE) fill in elso the following:	0
16. BIRTHPLACE (city of town) Date of injury (Stete or country) Where did injury occur?	., 19
7. INFORMANT (Address) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	,
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Ferial Change Date Date J. J., 1937. Neture of injury	
19. UNDERTAKER Jacob Wafer 24. Wes disease or injury in eny wey related to occupation of deceesed? (Address) Hosebary and If so, specify	
20. FILED Day 6, 1937 CHary Her (Signed) (Address) Angely (Address)	4. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FCFIVEL	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 9 1937	A CONTRACTOR OF THE CONTRACTOR		
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	'ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF	OF DEATH
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0	17	6	11
8	()	0	J

1. PLACE OF DEATH	920
County Canal	Registration Dist. No. 14
Village or City Sykearille	No pringfield tale Hospital St., Ward
Length of rasidence in city or town where death, occurred 8yrs LO_mos	death occurred in a provinal or institution, give its NAME instead of street and number) 6. ds. How long in U.S. If of foreign birth?yrsmosds.
2 FILL NAME I GOV:	If_LL S. Veteran, specify WAR
FORMER 2/06 Succession Start	Gaftime Mayland
(a) Residence: No. 36963 y Campe Met (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DINORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Doe	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 19, 1888	I last sawh in alive on august 14 ,1937; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at .7.2.m.
71 0 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows: Date elenget
R Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	(1) At Qt printer
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation/month and	11 Maric D. Anorae and Degungation 6/15/33
work was done, as SILK MILL, Bridge Building	
10. Date deceased last worked at this occupation work and year) 11. Total time (years) spect in this year)	
near Harper's Ferry	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	Mitael request to and
13. NAME Dempsey Jackson	myocas dial insufficience 6/15/33
13. NAME Dempsey Jackson 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) West Virginia	What tast confirmed diagnosis? Chirch signs Was there an autopsy? Yes
15. MAIDEN NAME Margaret V grave	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margarett & grove 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
(State or country) West Unquica	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Canda Springfield total papital (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION OR REMOVAL Sur Date Lug 21, 1937	Manner of injury
19. UNDERTAKER Steer whom when	24. Was diseasa or injury in any way related to occupation of deceased? Without was
(Address) supremble med,	If so, specify see severe side
20, FILED Dug no, 1987 attany thew	(Signed) Charles V ayla M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting C. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 9 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

This patients was ill with spidemic influence in 1918 and was the after subject
to occasional syncopal attacks. There is also a vague history of "typhoid fever" in 919. Either of these way have been instrumental in coming the partly calcified vegetations
On the tantic valve augus. On the other hand frequent exposure + poor hygiene resulting from his work as
an timerant structural steel laborer may have caused an unre cognized rhemetic fern.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PL

ACE	OF	DEATH				
AUL	01	DECLI				
	-	2.7				

Registration Dist. No.

County Carroll	
Village or City Sykesville	No. No.
a	(If death occurred in

a horpital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. 2 mos. 16 ds. How long in U.S. if of foreign birth? vrs. mos. ds.

2. FULL NAME George Kirby

If U. S. Veteran, specify WAR

August 20th.

(a) Residence: No. 304 Marydell Road, Baltimore, Maryland

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male

7. AGE

OCCUPA

statement

Exact

O.

BINDING

RESERVED

ARGIN

4. COLOR OR RACE

White

6. DATE OF BIRTH (month, day, and year) Feb.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

15. 1887.

Davs

If LESS than

I day....hrs.

or min.

5a. If married, widowed, or divorced HUSBANO of (or) WIFE of

Unknown

Months

I HEREBY CERTIFY, That I attended deceased from 19 37 to August 20th 19 37

MEDICAL CERTIFICATE OF DEATH

I last saw h im alive on August 20th 19.37; death is seid to have occurred on the date stated above, at 3:00 mp . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Insane

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury______ 19_

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

General Paralysis of the

kind of work done, as SPINNERCLERK SAWYER, BOOKKEEPER, etc. Clerk 9. Industry or business in which work was done, as SILK MILL, Restaurant SAW MILL, BANK, etc.....

10. Date deceased last worked at this occupation (month and year) --- Unknown

Trade, profession, or particular

11. Total time (years)
spant in this
occupation _ Unknown

Other Contributory Causes of importance:

21. DATE OF DEATH

(State or country) FATHER 13. NAME Unknown

12. BIRTHPLACE (city or town)

14. BIRTHPLACE (city or town) Unknown (State or country)

Baltimore

Maryland

15. MAIOEN NAME IInknown

Unknown 16, BIRTHPLACE (city or town). Unknown (State or country)

17. INFORMANTNiece, Miss Elsie Kirby
(Address) 304 Marydell Road, Balto., Md.

18. BURIAL CREMATION, OR REMOVAL

M. Oate Lug 23, 19 3

Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

LION

MOTHER

OF DEATH

plnous

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage SEP 9 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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V. S. No. 1

of OCCUPApluods

1. PL/	S ACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH 8691
	unty Carro		30.3		Registration Dist. No. 74
	lage or City Sy			20 _{vrs} 11 mos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong in U.S. tf of foreign birth? yrs. mos. ds.
2. FUI	LL NAME J	ohn Koon	ntz	ue, Balti	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single					21. DATE OF DEATH August 16, 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) May 5, 1868					22. I HEREBY CERTIFY. That t attended deceased from September 18, 19 16, to Aug. 16, 19 37 least saw h. im. alive on. August 15, 19 37 death is said
7. AGE	Years 69	Months 3	lo Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPHNER-Upholsterer SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month end spent in this spent in this					Throns Myeraral ?
SAW MILL, BANK, etc					
	PLACE (city or town) ete or country)	Frederi	ck Cour	nty	Other Contributory Causes of Importance:
13. NA	ME Edw	ard Koo	ntz		

rederick County (State or country)

MOTHER Unknown 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Frederick County (State or country)

State Hospita. 18. BURIAL, CREMATION, OR REMOV

19. UNDERTAKER

Registrar.

(Address)

Nature of injury If so, specify

23. If death was due to external causes (VIOLENCE) filt in also the following

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

(Signed)

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Cerebral hemorrhage SEP 9 1937	July 5,1927	Peritonitis	3 days ago	
Burney S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Jo

no

instructions

important.

NOIL

OCCUPA-

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	II II	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 7 1937	July 5,1927	Peritonitis	3 days ago
	RUREAU V. S.			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	MICH S
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other and in the second of install			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	111 49 1,10 %	108	1 year
		13 7 1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHASICIAN
						1
						1

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
May 1,1925	Gastroenterius	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

8695

AL.				
1. PLACE OF DEATH				,
County Carroll			Registration Dist. No. 7	4.
Village or CitySpringfield	State	Hospital	No. Sykesville, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d		(II	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME DAID! AL	DOOR (]	(1926)	If U. S. Veteran, specify WAR	
(a) Residence: No. 321 N. F	(Usual place	ast addre	SSSt., Ward. Baltimore, Md. If nonresident give city or town an	d State
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August (Month) (Day)	., 193_77(Year)
5a. If married, widowed, or divorced HUSBAND of				(1,540)
(or) WIFE of		9-15	22. I HEREBY CERTIFY, That i attanded April 28, 19 37, to Aug. 11	
6. DATE OF BIRTH (month, day, end year)	ov. 2,	1875	i last saw her alive on Aug. 10, 1937	: death is seid
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, at 3:05A.m.	
61 9	8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
7 Trade, profession, or particular		,	Work as follows.	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Domest	ic	General Paresis prior to	4-28-3
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Housev	vork		
SAW MILL, BANK, atc		time (years)	-	
this occupation (month and unk,	\$pe	ent in this unk		**
12. BIRTHPLACE (city or town)	arford	Co	Other Contributory Causes of importance:	
(Stata or country) Mar	yland	-9.9.1	•	
≝ 13. NAME Charles Oel	S			
13. NAME Charles Oel 14. BIRTHPLACE (city or town)	nknown		Name of opposition Date of Clinical and laboratory	
(State or country)			Whet test confirmed diagnosis? Was there en	eulopsy?
15. MAIDEN NAME Emma Me			23. If daath was dua to extarnal causes (VIOL ENCE) fill in elso the following	ng:
15. MAIDEN NAME Emma Me 16. BIRTHPLACE (city or town) Unkn	own	*****	Accidant, suicida, or homicide? Date of injury	, 19
- (State of country)			Where did injury occur? (Specify city or town, county and St	ata)
17. INFORMANT Springfield H (Address) Sykesvil	ospital le, Md	records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, DR REMOVAL	Date Le	4-14-19.87	Menner of injury	******
7	()	7	india of injury.	**
19. UNDERTAKER (Address)	· W	144	24. Was disease or injury in any wey related to occupation of deceased?	No
(Address)	V-	Y.	(Signed) Harry F. Baer,	AR D
20. FILED . 13., 197.7.	rany ,	Registrer	(Signed) Sykesville	md.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: E V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	N. H.	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
POLIDEAU V. S. I				
Other contributory causes of importance:	No. 100	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8696
1. PLACE OF DEATH	(169)
County Carrall	Registration Dist. No. 74
Villago or City & Margarello Hour	greed State Trospetalst. Ward
9 Silva	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOTAL CLUCIO- TO	Mr. Juf & Veteran, specify WAR
(a) Residence: No. 826 M. Broaduna	J. St., Ward.
Butterwe (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purile the word)	21. DATE OF DEATH LUG 3
M. W angle	(Mon(h) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yeer)	last saw h alive on ; death is said
7. AGE Years Months Days // If LESS than	to have occurred on the date stated above, at
4 × 7 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Fracture Kull augs
8. Trade, profession, or particular kind of work done, as SPINNER Steel Worker	437
9. Industry or business in which work was done, as SILK MILL, Steel Will	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month and 936 spent in this year)	
70017	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Venestic Procesor Tours
1 1 1 1 2 3 7	Camenda Vially
13. NAME John E Culing 14. BIRTHPLACE (city or town) LINK	D. A
14. BYRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME HELDA Problem	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or hoppicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occurs
State Harbitan Deers d	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT SILVE ON COLOR TO CANADA	Skorendy of State Hospital
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury is imped from bridge
Chart Fawe Date Ung 6, 19 27	Neture of injury Fracture Spail
In This a start	24. Wes disease or injury in any way related to occupetion of deceased?
19. UNOERTAKER (Address)	If so, specify
Aug 3 37 O Kan House	(Signed) Surmant Flanger C. M. D.
20. FILED Registrar.	(Address) Materials 200
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927.	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastrbente tis	1 year
	6	3 3	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change hame of dedeased from "John" to "James"

Owen, see letter on file under Sherman Flanagan, the Coroner who signed the death certificate. 8-10-37.

JARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county canal.	Registration Dist. No. 78
Village or City MX, airy Md.	No. St., Ward
1 40	If death occurred in a hospital or institution, give its NAME instead of street and number)
D & P	ssds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Grony X. Coole	
(a) Residence: No. Or. D. M. (Vaual place of Abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male OR DIVORCED (write the word)	Muy. 19, 1937
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	Jan 3 19 37, to any 19, 19 3.
5. DATE OF BIRTH (month, day, and year) March 12-1864	I last saw h alive on Change 18 , 1957; death is saf
AGE Years Months Days If LESS than	to have occurred on the date stated above, all 130 /7 m.
73 5 7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trede, profession, or particular kind of work done, as SPINNER To trad farmer:	Date of onse
SAWYER, BOOKKEEPER, etc. We was Farmu.	Usenic Voisoning
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (months and	Chronic Myseards of
SAW MILL, BANK, etc	Dougfreelie
this occupation (month and spent in this occupation	X
10-1-10 6	Other Contributory Causes of importances:
12. BIRTHPLACE (city or town) Canada Co (State or country)	Carrie Republis 6his
13. NAME John S. Poole	- Clareles + Hh
14 BIRTHPI ACE (city or town) How and Co.	
14. BIRTHPLACE (city or town) How and Co. (State or country)	Name of operation Date of Date of
7	What test confirmed diegnosity of the state
B N D'L	23. If death was due to external causes (VIOLENCE) fill in at 6 he following:
16. BIRTHPLACE (city or town) Quit issue Le Fy (State or country)	Accident, suicide, or homicide?
m 71 01 0)	Where did injury occur? (Specify city or town, county and State)
(Address) 70 % (Mail: Mail	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR BEMOVAL.	M /
Place M. Olive Centy Date any 21, 1931	Manner of injury
13. 14 Ch+	7/ -
19. UNDERTAKER G.M. Walts.	24. Was disease or injucy in any way related to occupation of deceased?
(Address) Wantield Md	If so, specify
ch of	or of the thank
20. FILEO \$ 20. 1937 & M. Farrer Registrar.	(Signed) M. Man Voale M. (Address) M. A.

CONN

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

MARGIN RESERVED FOR BINDING

V. S. No. 1

10	plu	200	
tem	sho	of C	
-WEILE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
KEC	Ь.	Exac	
KMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate
SIL	pe	pe	of
INA-II	GE should	hat it may	FION is very important. See instructions on back of certificate.
NIO	d. A	, so t	ruction
CANO	applie	terms	insti
HII	Illy su	plain	Se
Y, W	carefu	H in	ortant
AINL	d be	DEAT	7 imp
LAL	shoul	OF	S very
-WKIL	mation	CAUSE	I NOLL

STAT	TE OF	MARY	LAND-	CERTIFIC			1911 6	698
1. PLACE OF DEATH	Ma	rylar		ulosis Sa	natoriu	n (23		
County Carroll			Colored	Branch	Re	egistration Dist. I	No. 74	
Village or City Henry	ton. Ma	rylar)d.,	No	(above)	ve its NAME instea	d of street and i	War
Length of residence in city or to	wn where death or	curred	yrs,mos	ds. How long	g in U.S. if of foreig	gn birth?	yrsm	osds
2. FULL NAME Ada	Dorsey	Queer	1		. Veteran, specif	y WAR-Non	е	
(a) Residence: No. 14 M		St.		Liss, Md. Wa		DOVE) nonresident give cit	y or town and	State
PERSONAL AND ST	ATISTICAL	PARTIC	CULARS	MED	ICAL CERT	IFICATE OF	DEATH	
3. SEX 4. COLOR OR R	OR	DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF I		g., 17.	1937	. 193
Female Color 5a. If married, widowed, or divorced	ea I v	V1dow			(Moi		Dey)	(Year)
HUSBAND of (or) WiFE of	77	D		22. I H E	REBYCE	RTIFY, Th	at i ettended	deceased from
	Harry	Dorse	97	July 6,	1937,19	, to Auga,	17,	1937
6. DATE OF BIRTH (month, day, end ye		7 17.	1904	i lest saw h. Gr				.; death is said
The state of the s	lonths	Days	If LESS than 1 day,hrs.	to have occurred on the PRINCIPAL CAU				
33	1	0	ormin.	were as follows:		Tubercu	-	Date of onset
kind of work done, as SPIN SAWYER, BDOKKEEPER, etc	NER, Lat	ındry	Worker		Almonal y	Tabel C	110219	
kind of work done, as SPIN SAWYER, BDOKKEFPER, etc 9. Undustry or business in which work was done, as SILK MI SAW MILL, BANK, etc 10. Date deceased last worked at this secupation (mapth and	11							May
SAW MILL, BANK, etc		mown						1937
this occupetion (month and year)	Unknown	1 spent	in this Unknow ation	m		***********		2001
	aterbu			Other Contributory Co	nuses of importance:			-
	aryland							
13. NAME	aryland	Que	en					
13. NAME 14. BIRTHPLACE (city or town)				Neme of operation			Date of	
(State or country)	aryland			What test confirmed d	liagnosis?			ulopsyNO
15. MAIDEN NAME M	lary Gra	y		23. If death was due to	external ceuses (VI	OLENCE) fill in else	o the following	:
16. BIRTHPLACE (city or town)			~~~~~~~~	Accident, suicide, or h	nomicide?	Date of	Injury	, 19
(State of country)	laryland			Where did injury occu	ur?(Sp	ecify city or town, o	county and State	e)
17. INFORMANT Reuben (Address) Henryto		1, M.	D.	Specify whether injury	y occurred in INDÚ	STRY, in HDME, or	In PUBLIC PLA	ICE.
18. BURIAL, CREMATION, DR REMOVAL	1		1, 37	Manner of injury				
Place am polo	On U Date	aug .	20 ,19/	Nature of injury				***********
19. UNDERTAKER 3	2/010	pri	Si	24. Was disease or inju	ory in any way rele	ted to occupation of	deceased? No	0
(Address) annay	rlig /	my		If so, specify		J.M.		
20. FILED 8/17/37, 19	lbest 1	P. Ser	OC Begistrar.	(Signed) (Address)	Henryt	on Mary	rland.	M. [
				2411 N. Charles Street, B				***********

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Dete of onset	The principal cause of death and related causes of importance were as follows:		
		1 week ago	
	Peritonitis	1 weck ago 3 days ago	
		o days ago	
	Other contributory causes of importance:	7 19	
May 1,1923	Gastroenteritis	1 year	
		70000	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)2-ay 12C
county Carroll.	Registration Dist. No. 74
Village or CitySpringfield State Hospital	
2. FULL NAME Lena Margaret Reus	
(a) Residence: No. 28/3 Libbon's ave.,	St. Ward. Ballimore, Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female. White. 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH Cugust 6, 193.7. (Moghh) (Day) (Vear)
5a. If married, widowed, or diseased HUSBAND of	
ton WIFE of John Reus,	22. THEREBY CERTIFY. That I attended deceased from 18, 1937. to August 6, 1937.
6. DATE OF BIRTH (month, day, and year) July 3, 1860.	Most saw h or alive on august 6, 1937; death is seid
6. DATE OF BIRTH (month, day, and year) WY 3, 7000. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 Pem.
77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife.	Cerebral Haemorrhage 8-1-37.
kind of work done, as SPINNER, Housewife. SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and 192)	Cocoras viacorrary
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and 1929. 11. Total time (years) WMK.	
year) occupation occupation	Other Centributers Causes of importance
12. BIRTHPLACE (city or town) Pallimore	Other Contributors Causes of importance: Leveral arteriosclerosis
(Stata or country) Mary land.	with Hypertension prior to 4-26-37.
13. NAME Nicholas Volkert; 14. BIRTHPLACE (city or town) (State or country) (State or country)	//
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of Country)	What test confirmed diagnosis? Clinical Symploms Was there an autopsy? No.
15. MAIDEN NAME Mary Schultheis.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country) Lermany.	Where did Injury occur?
17 INFORMANT Springfield Hospital Records.	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address) / Syketville, Md.	
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pare Oate J., 193	Nature of injury
19. UNOERTAKER FLOURY V. Pifutoue (Address)	24. Was disease or injury in eny way related to occupation of deceased? 20.
20. FILEBURY 6, 1937 OHany Meer Registrar.	(Signed) Harry t, Haer M.O. (Address) Sylvesville Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CCAA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	72 May 17 MIT	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritts Chally 1910	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 19 1997	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				21111111111

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 87(1)
1. PLACE OF DEATH	93-2
County Carroll	Registration Dist. No.
Village or City Mt acres	NoSt., Ward
Length of residence In city or town where death occurred 2 yrs mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME F. Bello Runkless	
(a) Residence; No.	St. Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet ettended deceased from july 1935 to Aug 6 1937
6. DATE OF BIRTH (month, day, and year) Quy . 2/, 186/	Hast saw her allve on Aug. 5, 1937, 19 death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at 4:30 A_m.
75 // 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myocarditie (chr) Prestonet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (work) and the second in the second	
O this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Liberty town (State or country) mil.	Other Centributery Causes of Importance: Chr. Fibrillation 1936
13. NAME John B. Runkles	
13. NAME John B. Runkles 14. BIRTHPLACE (cky or town) (State or country) The derick Co.	Name of operation
	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Virginia E. Vangant 16. BIRTHPLACE (city or town) Liberty (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mra. Gussie Rumbles (Address) 2105 N. Calvert St. Ballini nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, GREMMATION, OR REMOVAL	Manner of Injury
Place Prospect Long. Date M. 9. 8 , 193.7	Nature of Injury
19. UNDERTAKER C. By Walts (Address) Winheld Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Chig 7, 1987 It D Duy Registrar.	(Signed) I Startey Itabill M.D. (Appross) Mt. Airy Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1991	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU		S. San S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED Ë

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8701
1. PLACE OF DEATH	The met Us
County Carroll	Registration Dist, No.
Village or City & coloning les	No. O
	death occurred the hospital of institution, give is 1747172 instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Seatter	9 50 V U. S. Veteran, Specify WAR
(a) Residence: No.	St., Ward. Vhile of
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. 9\$\(\text{X} \) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (price the word)	(Mynth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cace Phipper	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7-6. 5-1578	I last saw h. 15 alive on
6. DATE OF BIRTH (month, day, and year) 7-6. 3 3/8 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5-9 5 17 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Brown Herrer linge 2-15-3
9. Industry or business in which work was done, as SILK MILL,	1 000
	Houte and see Devalater 8.2.3
year) occupation occupation	Dther Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Joseph Scattergero	
14. BIRTHPLACE (city or town)	Name of operation
(otate of country)	What test confirmed diagnosis? Le Mes there an autopsy? My
15. MAIDEN NAME Sally Jake	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (SUBSER! SCaller good (Address) westwings to his.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place Medaroray & Date (147.5-,193)	Nature of injury
19. UNDERTAKER Bankard Dean	24. Was disease or injury in any way related to occupation of deceases?
(Address) of islaminston, Md	If sf, specify
20. FILED. 074, 195) 41 (Coods	(Signed) M, D
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis E V E D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 2 2 1937	July 5, 1927	Peritonitis	3 days ago	
BULLAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		V		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

V. S. No. 1

Ä

18, BURIAL, CREMATION, OR

19. UNDERTAKER

(Address)

state

OCCUPAplnods of

			158
STATE C	F MARYLAND—	CERTIFICATE OF DEATH	5702
1. PLACE OF DEATH		107.0	~
County Carroll		Registration Dist. No.	74
Village or City Lee Rex	ille	No Spring Reels State Ho.	2 hickers
		f death occurred in a hospital of institution, give its NAME instead of street and	
Length of residence in city or town where d	leath occurredyrsmos	ss. How long in U.S. if of foreign birth?r	nosds.
2. FULL NAME Zucuc	a Rehnel	If U. S. Veteran, specify WAR	
(a) Residence: No.	•••••••••••	St., Ward. Naglestown h	d
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH respect 17	102 4
J. NO.	Reugle.	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, Thet I attended	d deceased from
(or) WIFE of		Quest. 2, 19 3 4, to dugs 17	19. 3. 7
6. DATE OF BIRTH (month, day, and year)	a. 27, 1863	I last saw here alive on act 1 17 , 19 9	7; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 3. 201.m.	
74 6	2 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	100
8. Trade, profession, or particular		D	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Macce	- drauskokucumania	1-2-3
9. Industry or business in which work was done, as SILK MILL,			
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	-	
this occupation (month end year)	spent in this		
1,//	+ 1	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	megrate court of	-	
	selwelly/	-	
13. NAME Melchoe 14. BIRTHPLACE (city or town) LL e 9	hinaton Presel.	Name of operation Date of	
(State or country) Tha	ugland	What test confirmed diagnosis? Was there en	7.
15. MAIDEN NAME Queca Re-	desea (Muknown	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Que Ra. 16. BIRTHPLACE (city or town) — Luc (State or coupley)	e Lucion	Accident, suicide, or homicide? Dete of injury	
(State or country) / Ma	ey Cand	Where did injury occur?	
17. INFORMANT Naskietal	Record.	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address)	ree all da		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of Injury_____

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 9 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.		The second second second		
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				NE CONTRACTOR	

S. No.

No. (200VE) Seath occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
death occurred in a hospital or institution, give its NAME instead of stree	
A CONTRACTOR OF THE CONTRACTOR	
If U. S. Veteran, specify WAR None	
St., Ward. (above) If nonresident give city or tow	on and State
MEDICAL CERTIFICATE OF DEAT	ГН
21. DATE OF DEATH	
August 18, 1937 (Month) (Day)	(Year)
22. I HEREBY CERTIFY. That I att August 12, 19 37, to August I last saw h im alive on August 18, 19	18, 1937 37; death is said
to have occurred on the data stated above, at 3 : OQm. A . I	1.
Tha PRINCIPAL CAUSE OF DEATH and related causes of importance	
Pulmonary Tuberculos	Sis Date of onset
	May 1936
Other Contributory Causes of Importance:	
Name of operation Dat	a of
What test confirmed diagnosis?	
23. If death was due to external causes (VIOLENCE) fill in also tha 10	
Accident, suicide, or homicide?	
Where did injury occur?	
(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUBL	nd State) .IC PLACE.
Mannar of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of decease	od?No
If so, specify	
(Signed) Leuben Herman	
(Address) Henryton, Mryland	d .
2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And Ambrica is abstraction of the Children Control of the Children of the Chil				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH	
--	--

	S'	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 870	4
1	. PLACE OF DEAT	TH ***	Days.		4.9	
-	County	Carro	11		Registration Dist. Np. / 6	
	Village or City	Westmi	nster		No. West Main St,	Ward
	Length of residance In cit	ty or town where	death occurred 4		death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. If of foreign birth?yrs,mos	
2	. FULL NAME					
	(a) Residence: Np.				St., Ward.	
phino	DEDCONAL AN	D 07 1 7 10 7	(Usual place		If nonresident give city or town and Stat	е
3. 5	PERSONAL AN	R OR RACE	-	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		white	OR DIVORCE	D (write the word)	August 1. 19	3.7
5a.	female If married, widowad, or divo		lvido	W	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	osenh "	/. Smith		22. HEREBY CERTIFY, Thet I attended dece	-
					I last saw h & Aliva on 937, to 30, 1937; de	
	DATE OF BIRTH (month, day AGE Yaers	(, and year)	Deys	14. 1862 If LESS than	to have occurred on the data stated above, at 1-9:30 Pm.	atn 15 5a10
	7.1	77	1.8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
z	8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BODKKEEPER, atc. at home			Cerlenague Da	ite of enset	
110	SAWYER, BODKKEE 9. Industry or businass in	PER, atc.	at hom	e	(Rectum)	3
UPA	work was done, as S SAW MILL, BANK, a	SILK MILL.				
OCCUPATION	TO. Date dacaasad last wor this occupation (mor	ked at	11. Total t	ime (years) nt in this		
	year)			pation	Other Contributory Causes of Importance	
12.	BIRTHPLACE (city or town).				Seulete	
~	(State or country)		land			
FATHER	13. NAME Fr	ancis I	. LaMot	te		
FAT	14. BIRTHPLACE (city or to (State or country)	wn)	. Lond		Name of operation Plus aims Date of	
2	15. MAIDEN NAME		h A. Ti	a trans	What tast confirmed diagnosis? Q Wes thera an autop	sy?_[U]
MOTHER		1 1 2, 81	11 A . 11	nten	23. If daath was due to external causes (VIOLENOE) fill In also the following: Accidant, suicide, or homicide?	10
¥.	16. BIRTHPLACE (city or to (State or country)	Mary	land		Whara did injury occur?	, 13
17.	INFORMANT	F. LaMo	tte Smi	t.h	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
	(Addrass)	Westmin	ster, M	d.		
18.	BURIAL, CREMATION, OR R		Pr hote Allor	3 1037	Menner of Injury	
-	- 200				Natura of Injury.	
19.	UNDERTAKER	- Franc	is Rees	9	24. Was disease or injury In any way related to occupation of depeased? If so, specify	7
	ff	20	11/100	- 12	(Signad)	O AM D
20.	FILED	19-5-1-042	100	Registrar.	(Address) L. C. Thanks and Leaves	Trad
	J	If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

V. S. No. 1

N. B.-

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Chronic interstitial nephritis 655 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

8705

1. PLACE OF DEATH		3/4.
County arrale		Registration Dist. No. 14
,	velle	No. Reing Kield State Haskely
	/ (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S.1f of foreign birth?yrsmost
2. FULL NAME	h Alledh	If U. S. Veterap, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. Cumberland MA
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21, DATE OF DEATH Cuguet 26 , 193 (Year)
5a. If married, widowed, or divorced		Charles (Cay)
HUSBAND of (or) WIFE of	ge Deuth	22. I HEREBY CERTIFY, That I ettended decessed from 1937, to little 26, 193
6. DATE OF BIRTH (month, dey, end yeer)	me 15. 1905	
7. AGE Yeers Months	Days If LESS then	to have occurred on the date stated above at
32 2	1 dey,hrs.	the targetters of parties and total courses of importance
8. Trede, profession, or perticular	//	Were 38,10110WS.
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	Voussloufe	Ly philie Kennero - 193
9 Industry or husiness in which	6/4	1 Eulephaletin
work was done, as SILK MILL, SAW MILL, BANK, etc	11 7-4-14:	
this occupetion (month end	11. Total time (yeers) spent in this occupation	
year) ————————————————————————————————————	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	story	Part in the same of the same o
1 // 2 2	ky Caud	Regardes with anguler 173
13. NAME John C	uderson	I be ain descare
13. NAME To have C	careburg/	Neme of operation
(State or country)	marg and	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mecicio	e Agreslen	23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	astrug/	Accident, suicide, or homicide? Dete of Injury
(State or country)	Marcycard	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Augustal (Address) Ver Rex	vila My	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Plece Cumberland	1 Date Aug 30 , 19 37	Manner of Injury
19. UNDERTAKER Agus (Address)	Hair Jus.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Ques 28 19 37	Chlair yerees	(Signed) March M. Rees M.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritisSFP 9 1937	1921	Run over by street ear	1 week ago
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
- Cambonico	May 1,1325	distrigenter ties	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0 " 100
County Carroll	Registration Dist. No. 74
Village Dr City Mechanicsville, and	NoSt.,Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John Emmett Spring (a) Residence: No. 283 7 Presture St Ball (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sugust 2.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Easie Burdette Springer	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Sept. 13	
7. AGE Yeers Months Days if LESS then 1 day,hrs.	to heve occurred on the dete stated above, at R m. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trede, profession, or particular kind of work done, es SPINNER, Real Salate SAWYER, BDOKKEEPER, etc	Semility Data of onset
10. Dete deceesed lest worked at this occupation (month and \$/26/3> II. Total time (years) spant in this occupation 12. BIRTHPLACE (city or town) Marietta Ohio	Other Cantributary Causes of Importence:
(State or country) 13. NAME Thomas Springer	
14. BIRTHPLACE (city or town)	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elizabeth Springes 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT. Wife Essie B. Springer (Address) 2837 Preshing St. Ballo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Towns
18 BURIAL, CREMATION, DO REMOVAL	Menner of injury
19. UNDERTAKER Wille Jon Such.	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED Try. 26, 937 CHary Haer	(Signer) her E. Fland & C. M. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstities nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP 9 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	Day	10	12
8	6	U	d

1	, PLACE OF DEATH	(82-2)
Ny	County Carroll	Registration Dist. No. 74
/	Village or City Springfield State Hospita (If	1 No. Sykesville, Md. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 33yrs,_6mos.	12_ds. How long in U.S. if of foreign birth?yrsmosds.
:	ANNIE VALENTINE	If U. S. Veteran, specify WAR.
	(a) Residence: No. 208 Churchill St. (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Female 4. color or race s. single, Married, Widowed, or Davorced (write the word) Cowed.	21. DATE OF DEATH August 31 ,1937 (Month) (Dey) (Yoar)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of William Henry Valentine	22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936, to Aug. 31, 1937
6.	DATE OF BIRTH (month, day, and year) 74 12 18	I last saw h.er alive on Aug. 31 , 19.37; death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, #8. 40A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	Epilepsy prior to 1-18-04
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
000	10. Date deceased last worked at this occupation (month and 1904 spent in this occupation 1904	
12.	BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance: Cerebral haemorrhage 8-22-3'
ER	13. NAME George W. Taylor	
FATHER	14. BIRTHPLACE (city or town)—Virginia	Name of operation—Clinical Symptoms Date of What test confirmed diagnosis? Quid Dullance Was there an autopsy? 425,
ER	15. MAIDEN NAME Lilly Bruce	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17.	INFORMANT Springfield Hospital Records (Address) Sykesville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19	BURIAL CREMATION, OR REMOVAL CHIEFE MAN 3 1937	Manner of injury
19	UNDERTAKEN Komog W. Dingloon (Address) Slew Burnie, new	24. Wes disease or injury in any way related to occupation of deceesed? NO
20	FILED Juffel 1, 1939 Chang It in Registrar.	(Signed) Harry F. Baer, M.D. (Address) Syllesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
- Carrottered	May 1,1925	ousi venter uts	1 year

stated EXACTLY. PHYSICIANS should state B.-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. FOR BINDING IARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

ż

B	TATE OF MA	RYI AND-CFR	TIFICATE OF DE	ATH 8708
1. PLACE OF DEA	/1//			.,
County (a	woll	1	Registrati	on Dist. No. 76
Village or City	would	elo No.		St., Ward
Length of residence in c	tity or town where doubt ocurred.	(If death occ	ured in a hospital or institution, give its NA S. How long in U.S. if of foreign birth?	AME instead of street and number)yrsds.
2. FULL NAME	orthu	Mill	of U.S. Veteran, specify WAR	
(a) Residence: No	dutsie	te st.,	Warth	
PERSONAL AN	(Usual pla ND STATISTICAL PAR	acco or about,	MEDICAL CERTIFICA	lent give city or town and State TE OF DEATH
	DE OR RACE S. SINGLE, M	MARRIED, WIDOWED, (21. DA	TE OF DEATH	.~ ^
Maro &	Walk YM	RCED (write the word)	(Month)	(Day) , 193 (Year)
5a. If married, wid wed, or dive HUSBAND ot (or) WIFE ot	orgen .	5.4000 22.	I HEREBY GERTI	FY. That I attended deceased from
(OI) WIFE OU	were m, a	Villary		
6. DATE OF BIRTH (month, da	//		w h alive on	
7. AGE Years	Months Days	I I day had	occurred on the date stated above, at	
_ la. Trede, profession, of p	articular Co.7	ormip/ were as	s follows:	Date of onset
kind of work done, SAWYER, BOOKKE	, as SPINNER,	/ dolore	Juliero	alores mer 5
9. Industry or business in work was done, as	SILK MILL.		(p)	noning
NOTE OF THE PROPERTY OF THE PR	orked et 11, Tota	tal time (years)	Vivi	more for
this occupation (mo	onth and	spent in this occupation	~ * * * * * * * * * * * * * * * * * * *	<i>y</i>
year)	خالالا للتنت خنتات خالا			
12. BIRTHPLACE (city or town)	MAG 11/20	Other	Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	MAG 11/20	Other		
12. BIRTHPLACE (city or town) (State or country)	MAG 11/20	Elians		
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town)	Mr Wy	Elianes	f operation	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Mr Wy	Clean Name o	f operationst confirmed diagnosis?	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Mr Mry who will work word Mot Ky	Cleans What te	f operationst confirmed diagnosis?th was due to external causes (VIOLENCI	Date of Wes there an autopsy? fill in also the following:
12. BIRTHPLACE (city or town) (State or country) By 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Mr Mry who will work word Mot Ky	What te	f operationst confirmed diagnosis?th was due to external causes (VIOLENCI t, suicide, or homicide?	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or to 1)	Mr Mry who will work word Mot Ky	What te	f operationst confirmed diagnosis?th was due to external causes (VIOLENCI t, suicide, or homicide?	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)) 17. INFORMANT	Motor War	What te 23. if dea Accident Where of Charles Specify	f operationst confirmed diagnosis?th was due to external causes (VIOLENCI t, suicide, or homicide?tid injury occur?	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)) 17. INFORMANT (Address)	Motor War	What te 23. if dea Acciden Where of Accident Where of Accid	f operation	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR 19. COUNTRY (STATE OF COUNTRY) 19. UNOERTAKER	OWN) POLATOWN) WAR WILLIAM WIL	What te 23. if des Acciden Where Compensation of Manner Mature	f operation	Date of
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country)) 15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)) 17. INFORMANT (Address) 18. BURIAL, CREMATINALOR	OWN) POLATOWN) WAR WILLIAM WIL	What te 23. if det Accident Where of Manner Nature 24. Was 150, s	f operation	Date of

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 1 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

back

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important.

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CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word)

How long in U.S. if of foreign birth? ______ yrs. ____ mos. ____ ds. Length of residence in city or town where death occurred 3. SEX 5a, If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to heve occurred on the deta steted above, et______m. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trade, profession, or perticuler OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Totel time (years) this occupation (month and spant in this occupation __ 12. BIRTHPLACE (city or town) (State or country) FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_ ----- Was there an eulopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19_ 16, BIRTHPLACE (city or town). (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of injury (Address) If so, specify Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP V.	eq.]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	m of infor-	nould state	OCCUPA-	
	dD. Every ite	IYSICIANS SI	statement of	
200	BWRITE PLANCY, WINT UNFADING INK-THIS IS A PERMANENT RESEARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	IIS IS A PERM	be stated EX	be properly cl	of certificate.
T ATTOTAL	ING INK-TH	AGE should	o that it may	tions on back
	VIAT UNFAD	fully supplied.	n plain terms, s	it. See instruc
	E PLAMLY, V	should be caref	OF DEATH in	TION is very important. See instructions on back of certificate.
	B.—WRIT	mation	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9350
County Carroll	Registration Dist. No. 74
Village or City Carcland	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Elisabelle Wood	
	If U. S. Veteran, specify WAR
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Harman Stood	22. I HEREBY CERTIFY. That I attended daceased from august 16, 1937, to august 30, 1937
6. DATE OF BIRTH (month, day, and year)	I last saw head allva on august 29 0, 193); death is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at9_3_6_A, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
86 ormin.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chumus Myocardial
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decassad last worked at this occupation (month and	the state of the s
SAW MILL, BANK, etc.	arteriorelarosio
year) occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
E 0	Name of operation
14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
15. MAIDEN NAME & suale & Justine	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(State or country)	Whera did Injury occur?
17. INFORMANT W. Malvelle Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURYAL, CREMATION, OR TEMOVAL	Manner of Injury
Deter Dele Deleter 19 3/	Nature of Injury
19. UNDERTAKER Sey terrible was,	24. Was disaase or Injury In any way related to occupation of decaased?
20. FILED Aug 30, 19 07 Orfary & see Registrar.	(Signad) Den E. Martyn M. D. (Address) Pand allstown, Mrd
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

RESERVED

ARGIN

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Caro V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
	Parishadian Diet No. 26
County Lavalle	Registration Dist. No.
Village or City by Westmunder	NoSt.,War
Length of residence in city or town where death occurredyrsmo	T
2. FULL NAME Gertha traveles 1	entaral - col
(a) Residence: No. 406 E. Lauvale	St. / Washing The
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Queguet 6, 193 7
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased fro
Vanil-1858	I last sew W. Pr elive on Liley 6 1931; death is se
. DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than	I last sew first elive on the date stated above, et 3. P in.
1 day,hrs.	
8 Trade profession or particular	were stollows: Thuse ardilis Oute of gra
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Bracks Preumonia Versis
9. Industry or business in which	71
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years)	
ting occupation (month and	
year) Occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State or gountry)	
13. NAME gusting general	
13. NAME Justine Jewaya (city or town) (State or country).	Name of operation
1	What test confirmed diagnosis with the work of the wor
15. MAIOEN NAME to him Ruhle, 16. BIRTHPLACE (city or town) Vender Castle	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19
Dr. 11 4 Parel 1	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT/ILL (Address) / Chalumente Mit	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Loudon Park Oate aug 9 , 1937	Nature of Injury
Hannel W. Like.	24. Was disease or injury In eny wey related to occupation of deceased? No
9. UNDERTAKER (Address + 16) (Address + 16) (Address + 16)	
81 37 1/10	(Signed) Jas J. March M
0. FILEO Registrar.	Alle Weeds Me
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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1